

400145235 402001

## Application Data Sheet

### Application Information

Application number::  
Filing Date:: October 29, 2001  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art::  
CD-ROM or CD-R?:: None  
Number of CDs::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?:: No  
Number of Copies of CRF::  
Title:: Device and Method for the Cessation of Smoking  
Attorney Docket Number:: 110001.123  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 2  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Barbara  
Middle Name:: S.  
Family Name:: Fox  
Name Suffix:: Ph.D.  
City of Residence:: Wayland  
State or Province of Residence:: MA  
Street of Mailing Address:: 26 Pemberton Road  
City of Mailing Address:: Wayland  
State or Province of Mailing Address:: MA  
Postal or Zip Code of Mailing Address:: 01778-4818

100-45225-1402901

### **Correspondence Information**

Correspondence Customer Number:: 23483  
Phone Number:: 617-526-6000  
Fax Number:: 617-526-5000  
E-Mail Address::

### **Representative Information**

Representative Customer Number:: 23483

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This application	Non-Provisional of	60/245,490	11/03/2000

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### **Assignee Information**

Assignee Name:: Addiction Therapies, Inc.  
Street of Mailing Address:: 25 Main Street, #3  
City of Mailing Address:: Wayland  
State of Mailing Address:: MA  
Country of Residence::  
Postal or Zip Code of Mailing Address:: 01778-5036